

10/508911

# DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

Attorney Docket Number

14808NP

23 SEP 2004

TRAN-  
0014

First Named Inventor

Odet, Philippe

COMPLETE IF KNOWN

Application Number

Filing Date

Group Art Unit

Examiner Name

☒ Declaration OR  
Submitted with Initial Filing

☐ Declaration  
Submitted after Initial Filing

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SEALING DEVICE, RECEPTACLE FITTED WITH ONE SUCH DEVICE AND METHOD FOR THE PRODUCTION OF ONE SUCH DEVICE

(Title of the Invention)

the specification of which

☐ is attached hereto  
OR

☒ was filed on (MM/DD/YYYY) 04/18/2003

as United States Application Number or PCT International

Application Number PCT/FR03/01262

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119 (a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365 (a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
02 05015	FRANCE	04/22/2002	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THE ADDRESS ABOVE.

BEST AVAILABLE COPY

# DECLARATION

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §385(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Name	Registration Number	Name	Registration Number
Dowell, Ralph A.	26,868		
Slade, Wendy M.	53,604		
Dowell, A. Yates, III	28,070		

☐ Additional registered practitioner(s) named on a supplemental sheet attached hereto.

Direct all correspondence to: Customer # 000293

Name Dowell & Dowell, P.C.

Address 2111 Eisenhower Avenue

Address Suite 406

City Alexandria

State Va.

ZIP 22314

Country US

Telephone 703-415-2555

Fax 703-415-2559

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name	Philippe	Middle Initial		Family Name	ODET	Suffix e.g. Jr.	
------------	----------	----------------	--	-------------	------	-----------------	--

Inventor's Signature

*Philippe Odet*

Date

07/06/04

Residence: City	SAINT GEORGES DE REINEINS	State	FR	Country	FRANCE	Citizenship	French
-----------------	---------------------------	-------	----	---------	--------	-------------	--------

Post Office Address 1147 Front de Saône, Port Riviére

Post Office Address

City	SAINT GEORGES DE REINEINS	State		Zip	69830	Country	FRANCE
------	---------------------------	-------	--	-----	-------	---------	--------

☒ Additional inventors are being named on supplemental sheet(s) attached hereto

BEST AVAILABLE COPY

## DECLARATION

ADDITIONAL INVENTORS/  
Supplemental Sheet

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	ALF	Middle Initial	Peder	Family Name	ANDERSSON	Suffix	e.g. Jr.
Inventor's Signature	<i>Peder Andersson</i>				Date	28/06/04	
Residence: City	LUND	State	SEX	Country	SWEDEN	Citizenship	Swedish
Post Office Address	Skarpskyttevägen 12G						
Post Office Address							
City	LUND	State		Zip	22642	Country	SWEDEN
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Grégory	Middle Initial		Family Name	ANTIER	Suffix	e.g. Jr.
Inventor's Signature	<i>Grégory Antier</i>				Date	04-06-04	
Residence: City	TREVOUX	State	FRX	Country	FRANCE	Citizenship	French
Post Office Address	33 Grande rue						
Post Office Address							
City	TREVOUX	State		Zip	01600	Country	FRANCE
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Elmar	Middle Initial		Family Name	MOCK	Suffix	e.g. Jr.
Inventor's Signature	<i>Elmar Mock</i>				Date	18.06.04	
Residence: City	BIEL	State	CNX	Country	SWITZERLAND	Citizenship	Swedish
Post Office Address	Lehmgrubenweg 20						
Post Office Address							
City	BIEL	State		Zip	2504	Country	SWITZERLAND
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Middle Initial		Family Name		Suffix	e.g. Jr.
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		Zip		Country	
<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto							

BEST AVAILABLE COPY